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OFFICE OF MEDICAID BUSINESS AND POLICY

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John A. Stephen
Commissioner

Norman W. Cordell
Director

Date: February 7, 2007

To: New Hampshire Pharmacists

From: Donald R. Hunter
Medicare Part D Coordinator

Re: Updated Guidelines for Medicare Part D
and the NH Override

The Medicare Part D Program has now been in operation for more than one year. During that time there have been a number of implementation challenges. Thanks to your cooperation and hard work in overcoming these challenges, many beneficiaries have been able to obtain their needed medications.

Recognizing these initial challenges, the State of New Hampshire established a supplemental pharmacy assistance program (referred to as the "NH override"). The NH override provided for the needs of dual eligible beneficiaries for a limited time, when urgent situations warranted this action.

The Centers for Medicare and Medicaid Services (CMS) and Part D plans have resolved many issues and are working continuously to improve the process. The NH Department of Health and Human Services (DHHS) also continues to provide assistance and information to all involved with Part D. As a result, the need for use of the NH override has been greatly reduced. In order to focus override use on those cases where it is critically necessary, DHHS is now clarifying guidelines for this program.

The enclosed document, "Help for Pharmacists Encountering Medicare Part D Problems," provides improved guidance on how to follow existing CMS procedures and resolve certain common problems. Further, it clarifies prerequisites and criteria that must be met in order to use the NH override. This mailing also includes a copy of more detailed CMS Part D guidance for pharmacists.

Also enclosed is an updated "NH-Emergency Part D Override Explanation Form." This form replaces the one in use for the last year. Submission of these new forms will help DHHS identify problems that still need to be addressed by CMS and the plans, thereby improving Part D and making the process easier for pharmacists to use. **Submission of an explanation form for each use of the override will now be required.**

Updated Part D Guidelines

February 7, 2007
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Use of these new guidelines, criteria and form are effective March 1, 2007. If you have questions that are not addressed in the guidelines, contact me at 603-271-5255, or by email at donald.r.hunter@dhhs.state.nh.us.

The State of New Hampshire appreciates your continued participation and cooperation.

Enc: Help for Pharmacists Encountering Medicare Part D Problems
 NH – Emergency Part D Override Explanation Form
 Point-of-Sale Facilitated Enrollment (POS FE) Process – Four Steps for Pharmacists



HELP FOR PHARMACISTS ENCOUNTERING MEDICARE PART D PROBLEMS

(Effective March 1, 2007)

CMS GUIDELINES



1. If a consumer cannot provide sufficient information about their Part D plan, submit an [E1 query](#) to Per Se Technologies (1-800-388-2316).
 - According to new guidance, at least the first four letters of the consumer's last name must be entered to return a successful match.
 - The E1 system has increased the information and improved the messages it returns to pharmacists.
2. If the Part D Plan information still cannot be determined AND the consumer has both Medicare and NH Medicaid (dual eligible), proceed by [billing the "Point-of-Sale Facilitated Enrollment" \(POS FE\) contractor](#):
 - Billing information – BIN # - 610575 and PCN # - CMSDUAL01.
 - Enter the following information in the patient segment fields:
 - the consumer's NH Medicaid number (MID #) in the Patient ID field;
 - the complete Medicare ID number with alpha suffix (HIC #) in the Cardholder ID field;
 - the consumer's date of birth, name, address, phone number and patient location code.
 - Please note that [pharmacists are not enrolling](#) a beneficiary in a Part D plan by using this process. The contractor performs any enrollments that are necessary.
 - For technical assistance:
 - Call the POS FE Help Desk - 1-800-662-0210 (operated by WellPoint/Anthem). When you call this Help Desk, press option 2 first (Part D Member), then press option 4 (Facilitated Enrollment). You will then receive clear instructions on the steps to follow.
 - Call the CMS dedicated help line for pharmacists – 1-866-835-7595.
 - Go to CMS' website: www.cms.hhs.gov/Pharmacy/Downloads/PharmacyPOSQA_01.18.06.pdf.
 - You may need to contact your pharmacy help desk or software vendor.
3. If a Part D Plan notifies you that a drug [is not on the formulary or is subject to utilization management](#) (step therapy, quantity limits, prior authorization), please refer the consumer to the prescribing provider to discuss options such as switching drugs or requesting an exception.
4. For new Part D enrollees and duals who change plans or have been reassigned, plans are required to issue a one-time, 30-day [transitional supply](#) of existing prescription medication(s) to keep consumers stabilized, and to give consumers time to discuss formulary/utilization management restrictions with their prescribing provider.
5. If a dual eligible's new plan charges a [copay of more than \\$5.35](#) for a covered prescription, the consumer can either:
 - a) Pay the higher amount and obtain reimbursement later from the plan, or
 - b) Request assistance from their case manager, NH Medicaid Client Services, or NH ServiceLink Resource Center who will attempt to correct the Part D plan records and copay level.

IMPORTANT NOTE: The NH override CAN NO LONGER be used to cover high copays for duals.

6. If a consumer has [lost their low-income subsidy \(LIS\) status](#) for 2007 and is now being charged higher co-pays, please advise the consumer to contact the SSA (1-800-772-1213) or ServiceLink to reapply for this "Extra Help".

For additional Part D information for pharmacists, go to: <http://www.cms.hhs.gov/pharmacy>.

NH MEDICAID COVERAGE

7. NH Medicaid continues to pay for certain classes of drugs that are [EXCLUDED from Part D coverage](#). Bill these drugs directly to NH Medicaid.
8. If a current [NH Medicaid recipient does not have Medicare Part A and/or B](#), bill the prescription directly to NH Medicaid.

EMERGENCY OVERRIDE GUIDELINES

9. [Under the limited circumstances set out below, NH Medicaid has authority to make emergency pharmacy payments for Medicare and Medicaid covered consumers who experience extenuating circumstances due to Medicare Part D problems.](#)

This authority lasts until **June 30, 2007**.

- All NH Medicaid requirements continue to apply.
- As long as due diligence is exercised, the emergency override criteria (see below) are met, and the required explanation form is submitted, pharmacies will not encounter any liability.

10. [Criteria for use of NH emergency override:](#)

- Eligibility for both Medicare and Medicaid has been verified (step 1 above).
- Attempt to bill the POS FE contractor has failed (step 2 above).
- The consumer's need for a prescription **CANNOT WAIT** until formulary or utilization management requirements are satisfied (step 3 above).
- The ["NH – Emergency Part D Override Explanation Form"](#) is submitted:
 - This form is an important piece of DHHS' efforts to improve Part D. Your assistance will help DHHS identify and report problems to CMS for resolution. This effort should benefit you by reducing problems and improving your ability to successfully bill Part D claims.
 - If you do not submit the override explanation form, you will be contacted and requested to do so.
 - Copies of the Override guidelines and form can be obtained through the DHHS website: www.dhhs.nh.gov (go to "Medicaid", then "Medicare Prescription Drug Coverage – Part D").

11. [If the criteria above are satisfied, utilize the NH emergency override to pay for prescriptions:](#)

- Bill NH Medicaid by using Submission Clarification Code 99 in NCPDP field 420DK.
- Each prescription can only be filled in 10-day increments, but can be refilled as necessary.

The State of New Hampshire appreciates your continued participation and cooperation.

Point-of-Sale Facilitated Enrollment (POS FE) Process

Four Steps for Pharmacists

1. Request Patient's Part D Plan ID Card

Alternatively, if an individual does not have an ID card, he or she may have a plan enrollment “acknowledgement letter” or “confirmation letter” that should contain the 4Rx data—Bank Identification Number (BIN), Processor Control Number (PCN), Group ID for the patient's specific plan (GROUP), and Member ID information.

2. Submit an E1 Transaction to the TrOOP Facilitator

If the individual has no proof of enrollment, their plan's billing information may be available through the Part D eligibility and enrollment online system, the TrOOP Facilitator, which can be accessed with an E1 query—in 2007 called an “enhanced E1.” The enhanced E1 will provide effective dates for Part D plan enrollment within 90 days. If you are uncertain about how to submit an E1 query, please contact your software vendor. If the E1 query returns a BIN/PCN indicating the individual has current drug plan coverage, do NOT submit a claim to the POS FE national plan. If the E1 query returns a help desk telephone number, this indicates the individual has been enrolled in a plan, but the 4Rx data is not yet available. Please contact that plan for the proper 4Rx data.

3. Identify a “Dual Eligible (Medicare and Medicaid)” Individual, or Those Eligible for the Low-Income Subsidy (LIS)

Verify the individual's Medicare and Medicaid eligibility (or LIS status) using one of the items listed below. If the individual cannot provide evidence of current eligibility for Medicare and Medicaid or the LIS, the claim should NOT be submitted to the POS FE national plan. The following options are available to verify an individual's dual eligibility/LIS eligibility:

Medicaid

- Medicaid ID Card
- Copy of current Medicaid award letter with effective dates
- State eligibility verification system (EVS) queries (interactive voice response, online)

Medicare

- Submit an E1 query to determine Medicare Part A eligibility and/or Part B enrollment
- Medicare ID Card
- Medicare Summary Notice (MSN)
- Medicare pharmacy eligibility line—1-866-835-7595

Low-Income Subsidy

- LIS Notice from Medicare or SSA

4. Bill the POS FE National Plan

WellPoint/Anthem/Unicare will again be the Contractor for the POS FE process for 2007. Anthem is the Pharmacy Benefits Manager (PBM) for WellPoint, and Unicare is the plan into which POS FE beneficiaries will be enrolled if they use the POS FE process. Please note that POS FE is

considered temporary drug coverage until enrollment can be facilitated into one of WellPoint/Unicare's Part D plans. The BIN/PCN for POS FE will remain the same in 2007.

There will be new edits at the Point-of-Sale, implemented through Per-Se Technologies, Inc. on behalf of WellPoint, which will give you real-time data on the validity of the individual's HICN, other Part D plan enrollment, and Low-Income Subsidy status. You may receive the following reject codes:

- **Code 65—Patient Not Covered:** This code will be returned when there is no match of the HICN entered on the claim to a HICN in CMS' systems (invalid HICN), the individual is not eligible for Part D or has opted out of Part D, or a retiree drug subsidy (RDS) is being paid on the individual's behalf. Please read the text that accompanies the rejection code to get more specific information on the reason for the rejection. If the HICN is returned as invalid, check the HICN entered on the claim to verify its validity. If it appears that you entered the HICN correctly but it is still being returned as invalid, call 1-800-MEDICARE for eligibility and enrollment information.
- **Code 41—Other Part D plan enrollment:** Individual is enrolled in another Part D plan, and therefore, NOT ELIGIBLE for POS FE. The new, enhanced E1 will also give effective dates of coverage.
- **Code 81—Claim Too Old:** Claims submitted later than 30 days from the date of service, as of January 1, 2007, will be rejected.

Other edits include those for safety, duplication, Part B covered drugs, and Part D excluded drugs. Electronic overrides will not be available in 2007, but manual overrides can be obtained through the Anthem Customer Service Line at 1-800-662-0210. If you have questions about claims reversals from 2006, you may call the Anthem Pharmacy Benefits Line at 1-800-957-5147.

Enter the claim through your claims system (even if your pharmacy does not have a contract with Per-Se) in accordance with the WellPoint/Anthem payer sheet available at: http://www.anthem.com/prescription/noapplication/f1/s0/t0/pw_ad066429.pdf. The payer sheet is also provided below.

Please note that it is critical that you submit both the Medicare HICN and the Medicaid ID number to validate the individual's dual eligibility status. There may be a small number of individuals who have LIS but not Medicaid. If the LIS status is indicated in CMS' systems, the claim should be adjudicated properly.

Medicare Part D POS Facilitated Enrollment Payer Sheet

Payer Name: WellPoint, Inc.	Date: 12/08/05
Plan Name/Group Name: Medicare Part D POS Facilitated Enrollment	
Processor: Anthem Prescription, LLC	Switch: All
Effective as of: 01/01/2006	Version/Release #: 5.1
Contact/Information Source: Pharmacy Help Desk	
Certification Testing Window: N/A	
Provider Relations Help Desk Info: 800-662-0210	
Other versions supported: None	

Notes:

The beneficiary's Medicaid number is required and will be sent to the PBM in the Patient ID field on the Patient Segment with a '99' value in the Patient ID Qualifier field. No other values submitted within the Patient ID Qualifier field will be supported. Also, if the Medicaid number exceeds 14-bytes in length, the claim will reject for Missing/Invalid Patient ID.

Claim transaction segments not depicted within this document may be accepted in the transmission of a claim. However, Anthem Prescription may not use the information submitted to adjudicate claims.

- Please avoid the use of the following printable characters in the data fields:

- * Asterisk
- | Vertical Bar
- ~ Tilde
- ^ Caret
- < Less Than Sign
- > Greater Than Sign
- :
- { Open Curly Bracket
- } Close Curly Bracket
- @ At Sign
- & Ampersand Sign
- % Percent Sign
- [Open Square Bracket
-] Close Square Bracket
- # Number Sign

If these printable characters are sent in certain fields in claim or reversal transactions, they will be included in corresponding fields in the X12N 835 Electronic Remittance Advice transaction. If you do not wish to receive these extended characters in the X12N 835 file, do not include them in the original claim transaction.

- Submission of invalid National Drug Codes (NDC) will result in a rejection.

Fields designated as “Mandatory” (M) are in accordance with the NCPDP Telecommunication Implementation Guide Version 5.1 and are the only fields designated mandatory. Fields designated as “Required” ® will always be sent. Fields designated as “Required When” (RW) will be sent when indicated. “Optional” fields (O) that are indicated in the payer sheet are accepted, but are not used in the adjudication process.

M = Mandatory
R = Required
RW = Required When
O = Optional

BILLING TRANSACTION:

Transaction Header Segment: Mandatory in all cases

Field #	NCPDP Field Name	Value	M/R/RW	Comment
1Ø1-A1	BIN Number	61Ø575	M	
1Ø2-A2	Version/Release Number	51	M	Version 5.1
1Ø3-A3	Transaction Code	B1, B3	M	Billing Transaction
1Ø4-A4	Processor Control Number	CMSDUALØ1	M	
1Ø9-A9	Transaction Count	1, 2, 3, 4	M	
2Ø2-B2	Service Provider ID Qualifier	Ø7	M	NCPDP Provider ID
2Ø1-B1	Service Provider ID	NCPDP Provider ID	M	Previously known as NABP Number
4Ø1-D1	Date of Service		M	Format CCYYMMDD
11Ø-AK	Software Vendor/Certification ID		M	Send spaces

Patient Segment: Required

Field	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø1	M	Patient Segment
331-CX	Patient ID Qualifier	99	R	99 - Other Values of Ø1, Ø2 and Ø3 are not supported.
332-CY	Patient ID		R	Submit Medicaid number (up to 14 bytes) when using Patient ID Qualifier (331-CX) = 99
3Ø4-C4	Date of Birth		R	Format CCYYMMDD
3Ø5-C5	Patient Gender Code	1, 2	R	
31Ø-CA	Patient First Name		R	
311-CB	Patient Last Name		R	
322-CM	Patient Street Address		R	
323-CN	Patient City Address		R	
324-CO	Patient State / Province Address		R	
325-CP	Patient Zip / Postal Zone		R	
326-CQ	Patient Phone Number		R	Format AAAAEENNNN
3Ø7-C7	Patient Location	1, 3, 5	R	Required When Billing for Patient in a Long-Term Care Setting: 3 – Nursing Home 5 – Rest Home Required When Billing for HIT: 1- Home

Insurance Segment: Mandatory

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø4	M	Insurance Segment
3Ø2-C2	Cardholder ID		M	Submit Health Insurance Claim Number (HICN)
3Ø6-C6	Patient Relationship Code		R	

Claim Segment: Mandatory

Anthem Prescription does not support partial fill billing, partial fill reversal or re-transmit with partial/full quantity at this time.

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø7	M	Claim Segment
455-EM	Prescription/Service Reference Number Qualifier	1	M	Rx Billing
4Ø2-D2	Prescription/Service Reference Number		M	
436-E1	Product/Service ID Qualifier	Ø3	M	National Drug Code
4Ø7-D7	Product/Service ID		M	Submit 11-byte NDC without dashes. If compound, submit all 9's. Submit all Ø's if the compound segment is used.
442-E7	Quantity Dispensed		R	
4Ø3-D3	Fill Number		R	
4Ø5-D5	Days Supply		R	
4Ø6-D6	Compound Code		R	
4Ø8-D8	Dispense as Written (DAW)		R	
414-DE	Date Prescription Written		R	Format CCYYMMDD

Pharmacy Provider Segment: Not Used

Prescriber Segment: Required

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø3	M	Prescriber Segment
466-EZ	Prescriber ID Qualifier	12	R	Other values may be used in the future
411-DB	Prescriber ID		R	If Prescriber ID Qualifier (466-EZ) is '12' then this field must be populated with the DEA number.

COB/Other Payments Segment: Not Used

Workers' Compensation Segment: Not Used

DUR/PPS Segment: Not Used

Pricing Segment: Mandatory

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	11	M	Pricing Segment
409-D9	Ingredient Cost Submitted		R	
412-DC	Dispensing Fee Submitted		R	
481-HA	Flat Sales Tax Amount Submitted		RW	Required when a flat sales tax amount is applicable
482-GE	Percentage Sales Tax Amount Submitted		RW	Required when a percentage sales tax is applicable
483-HE	Percentage Sales Tax Rate Submitted		RW	Required when 482-GE Percentage Sales Tax Amount Submitted is applicable
484-JE	Percentage Sales Tax Basis Submitted	Ø2, Ø3	RW	Required when 483-HE Percentage Sales Tax Rate Submitted is applicable Ø2 – Ingredient Cost Ø3 – Ingredient Cost + Dispensing Fee
426-DQ	Usual and Customary Charge		R	
43Ø-DU	Gross Amount Due		R	

Coupon Segment: Not Used

Compound Segment: Optional

Does payer/processor support compounds online? Yes

If yes, please include the following information:

Which compound billing method do you support? Using the Claim and Compound Segments

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	1Ø	M	Compound Segment
45Ø-EF	Compound Dosage Form Description Code	Blank, Ø1 through 18	M	All dosage form codes are supported.
451-EG	Compound Dispensing Unit Form Indicator	1, 2, 3	M	Dosage form of the complete compound mixture
452-EH	Compound Route of Administration	Ø through 22	M	Code for the route of administration of the complete compound mixture
447-EC	Compound Ingredient Component (Count)		M	Count of compound product IDs (both active and inactive) in the compound mixture submitted
488-RE	Compound Product ID Qualifier	Ø3	M (Repeating)	
489-TE	Compound Product ID		M (Repeating)	Submit 11-byte NDC without dashes for each compound component
448-ED	Compound Ingredient Quantity		M (Repeating)	
449-EE	Compound Ingredient Drug Cost		R (Repeating)	
49Ø-UE	Compound Ingredient Basis of Cost Determination		R (Repeating)	

Prior Authorization Segment: Not Used

Clinical Segment: Not Used

**** OTHER TRANSACTION INFORMATION ****

Reversals

Maximum Number of Transactions Supported per transmission	4
What is your reversal window? (If transaction is billed today what is the timeframe for reversal to be submitted?)	180 days

REVERSAL TRANSACTION:

Transaction Header Segment: Mandatory

Field #	NCPDP Field Name	Value	Field	Comment
101-A1	BIN Number	610575	M	
102-A2	Version/Release Number	51	M	Version 5.1
103-A3	Transaction Code	B2	M	Reversal
104-A4	Processor Control Number	CMSDUAL01	M	
109-A9	Transaction Count	1, 2, 3, 4	M	
202-B2	Service Provider ID Qualifier	07	M	NCPDP Provider ID
201-B1	Service Provider ID	NCPDP Provider ID	M	Previously this was called NABP Number
401-D1	Date of Service		M	Format CCYYMMDD
110-AK	Software Vendor/Certification ID		M	Send spaces

Claim Segment: Mandatory

Field #	NCPDP Field Name	Value	Field	Comment
111-AM	Segment Identification	07	M	Claim Segment
455-EM	Prescription/Service Reference Number Qualifier	1	M	Rx Billing
402-D2	Prescription/Service Reference Number		M	
436-E1	Product/Service ID Qualifier	03	R	National Drug Code
407-D7	Product/Service ID		R	
403-D3	Fill Number		R	

**** CERTIFICATION REQUIREMENTS ****

Certification is not required.

NH - Emergency Part D Override Explanation Form

Please provide the customer information requested and an explanation of the specific problem/s that require use of the NH Override.

For Override guidance, please refer to "Help for Pharmacists Encountering Medicare Part D Problems"

Medicaid ID # and/or Medicare HIC #	Client Name	Prescription Number	Drug Name
	Explanation: _____		
	Explanation: _____		
	Explanation: _____		

Pharmacy Name

NABP #

Address

Pharmacist Signature

Date

Please fax daily to 603-271-8431. For questions, please contact Don Hunter at 603-271-5255.

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